



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**STATE OF DELAWARE**  
**BOARD OF SOCIAL WORK EXAMINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**APPLICATION FOR LICENSURE AS A BACHELORS OR MASTERS SOCIAL WORKER**  
**INSTRUCTION SHEET**

**General Information**

It is important to follow these instructions carefully. Examination and licensure may be delayed if you submit incomplete forms or submit the forms and/or fees to the wrong addresses.

The application asks you to select whether you are applying for an initial license by examination or reciprocity. If you previously held a Delaware license that has been expired for over one year **or** held a Delaware *inactive* license that has been expired for over three years, you must reapply for licensure.

All applicants use this table to decide.

IF you...	THEN apply by...
need to take the Association of Social Work Boards (ASWB) exam	Examination.
have already passed the ASWB exam but do <b>not</b> hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory)	
have already passed the ASWB exam <b>and</b> hold a <i>current</i> license in another jurisdiction (state, D.C. or U.S. territory)	Reciprocity.

**Note** that all the ad-hoc forms (e.g. criminal background checks, Delaware Child Protection request) are included in this application form.

**Requirements for All Applicants**

- ☐ Submit completed, signed and notarized [Application for Licensure as Bachelors or Masters Social Worker](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order payable to the "State of Delaware."
- ☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
  - You must meet this requirement *even if* you recently had a criminal background check done for another reason.
- ☐ Complete, sign and submit the *Delaware Child Protection Registry Request Form* to the Department of Services for Children, Youth & Their Families following the instructions on the form.
- ☐ If you have ever held a social work license in another jurisdiction (state, U.S. territory or D.C.), arrange for the Board office to receive verification of licensure from *each* jurisdiction where you have held a license, sent *directly* from the jurisdiction to the Board office. You may use the *Verification of Licensure* form accompanying the application to request the verification.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

## Additional Requirements for Examination Applicants

In addition to the requirements in the **Requirements for All Applicants** section above, the following are required for examination applicants:

- ☐ If you were educated in the U.S., arrange for your college or university to send an official transcript of your completed degree *directly* to the Board office. The college or university must be accredited by the Council on Social Work Education (CSWE) ([www.cswe.org/Accreditation](http://www.cswe.org/Accreditation)).
  - For the Masters of Social Work, the transcript must clearly show a master's degree in social work.
  - For the Bachelors Social Work, the transcript must clearly show a baccalaureate degree in social work.
- ☐ If you received your social work education outside the U.S., arrange to have a copy of a credential evaluation sent *directly* from the International Social Work Degree Recognition and Evaluation Service (ISWDRES) to the Board office. To request a credential evaluation, see the application instructions for the International Degree Review at [www.cswe.org/International-Degree-Review](http://www.cswe.org/International-Degree-Review).
- ☐ If you have already passed the ASWB exam, arrange for the ASWB to send an official score report directly to the Board office. To request the score report, see [Score Transfer](#) on the ASWB web site.
- ☐ If you need to take the ASWB examination, you must register online with ASWB, see [ASWB Registration Information](#).
  - For information about the examination, the [Candidate Handbook](#) is available on the ASWB web site. The Board office does not provide Candidate Handbooks.
  - The Board determines whether you are eligible to take the examination based on your education.
    - If you are eligible to take the examination, the Board office will notify ASWB. When ASWB receives both the Board's approval and your registration and payment, ASWB will then send you instructions on how to schedule the exam.
    - If you are **not** eligible to take the examination, the Board office will send you an explanation notice.
  - ASWB will send the results of the examination to the Board office. If you passed, the Board office will issue your license. If you failed, you must re-register with ASWB to re-take the examination.
  - You have two years from the date of your application to pass the exam. ***If you have not passed the exam when the two years end, you must reapply.***

## Additional Requirements for Reciprocity Applicants

In addition to the requirements listed in the **Requirements for All Applicants** section above, the following are required for reciprocity applicants:

- ☐ Arrange for the ASWB to send an official score report directly to the Board office. To request the score report, see [Score Transfer](#) on the ASWB web site.
- ☐ If you hold a *current* license in another jurisdiction (state, U.S. Territory or District of Columbia) in the same license type for which you are applying **and** that jurisdiction's license standards are substantially similar to Delaware, you may be licensed by Reciprocity.
  - Submit a copy of the laws and regulations in each jurisdiction where you hold a *current* license in the same license type for which you are applying. The Board will determine if the license standards are substantially similar to Delaware's license standards.
  - If the jurisdiction's license standards where you hold a *current* license of the same license type for which you are applying are **not** substantially similar to Delaware, you must have practiced for *at least* five years in the past



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**APPLICATION FOR LICENSURE AS A BACHELORS OR MASTERS SOCIAL WORKER**

**TYPE OF APPLICATION**

1. Select the type license you are applying for:

- ☐ Bachelors Social Worker – Show where you received your education (check one):
- ☐ I received my Social Work education **in the U.S. or a U.S. territory.**
  - ☐ I received my Social Work education **outside the U.S. or a U.S. territory.**

- ☐ Masters Social Worker – Show where you received your education (check one):
- ☐ I received my Social Work education **in the U.S. or a U.S. territory.**
  - ☐ I received my Social Work education **outside the U.S. or a U.S. territory.**

2. Do you hold an **active** Delaware Bachelors Social Worker license and wish to upgrade to Masters Social Worker?  
Yes ☐ No ☐ **If yes, enter your license number:Q4 - \_\_\_\_\_**

3. Select the type of application you are filing:

- ☐ Examination (check one):
- ☐ I am requesting approval to take the ASWB bachelors examination.
  - ☐ I have passed the ASWB bachelors examination **but** I do **not** hold a current **bachelors license** in another jurisdiction
  - ☐ I am requesting approval to take the ASWB masters examination.
  - ☐ I have passed the ASWB masters examination **but** I do **not** hold a current **masters license** in another jurisdiction.
- ☐ Reciprocity – I hold a **current** license of the same type for which I am applying in another jurisdiction (state, U.S. Territory or District of Columbia) **and** have passed the ASWB examination.

**IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.**

4. Name (no titles, credentials, etc.): \_\_\_\_\_  
Last/Family First Middle

5. Other Name(s) Used: \_\_\_\_\_ None ☐

6. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

7. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ **If yes, enter your SSN: \_\_\_\_\_**  
**If no, you must file a [Request for Exemption from Social Security Number Requirement](#).**

8. Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

9. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ None ☐  
Home Work

**EDUCATION** – Only applicants by Examination complete this section.

10. Enter the following information about each college/university where you earned a degree in social work:

COLLEGE/UNIVERSITY	CITY, STATE/PROVINCE & COUNTRY	DEGREE RECEIVED	DATE OF DEGREE (mm/dd/yy)
		<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
		<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
		<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	

- If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
- If you received your social work education outside the U.S., arrange for the Board office to receive a credential evaluation sent *directly* from the International Social Work Degree Recognition and Evaluation Service (ISWDRES) to the Board office.

**EXAMINATION** – All applicants complete this section.

11. Have you passed the ASWB examination? Yes ☐ No ☐ If yes, select the examination below:

- ☐ Bachelors Social Work examination  
☐ Masters Social Work examination

Arrange for an exam score report showing the exam level you passed to be sent from ASWB or another State Board *directly* to the Board office.

**LICENSURE HISTORY** – All applicants complete this section.

12. Do you hold, or have you ever held, a social worker license in any other jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ if yes, enter the following about *each* license you have ever held. If you need more space, enclose a separate sheet:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

- Arrange for the Board office to receive verification of licensure *directly* from *each* jurisdiction where you have ever been licensed.
- Submit a copy of the laws and regulations for each jurisdiction where you hold a current license.

**PRACTICE HISTORY** – Only applicants by Reciprocity complete this section.

13. Have you practiced social work for *at least five* years in the past seven years? Yes ☐ No ☐ if yes, enter the following information about your practice over the past seven years. If you need more space, enclose a separate sheet.

EMPLOYER NAME	ADDRESS	EMPLOYMENT DATES	
		From	To

**DISCLOSURES** – All applicants complete this section.

14. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes ☐ No ☐ **if yes, submit a detailed explanation and any relevant documents.**
15. Have you ever been denied licensure in any other jurisdiction? Yes ☐ No ☐ **if yes, submit a detailed explanation and any relevant documents.**
16. Is a complaint or disciplinary action pending against your license in any other jurisdiction? Yes ☐ No ☐ **if yes, submit a detailed explanation and any relevant documents.**
17. Are you presently in violation of any [Rule and Regulation](#) of the Delaware Board of Social Work Examiners? Yes ☐ No ☐ **if yes, submit a detailed explanation and all relevant documents.**
18. Are you in violation of any grounds for disciplinary actions listed in [24 Del. C., §3915](#)? Yes ☐ No ☐ **if yes, submit a detailed explanation and any relevant documents.**
19. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes ☐ No ☐ **if yes, submit a detailed explanation and any relevant documents.**
20. Have you ever been found mentally incompetent by a physician? Yes ☐ No ☐ **if yes, submit a detailed explanation and any relevant documents.**

**Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.**

**DUTY TO REPORT** – All applicants complete this section.

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Social Work Examiners
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
  - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3919](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes ☐ No ☐

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

**Complete, sign and submit the *Delaware Child Protection Registry Request Form* to the Department of Services for Children, Youth & Their Families following the instructions on the form.**

23. You have a **mandatory** duty to report your knowledge of a colleague's impairment, incompetence or unethical conduct to the Board of Social Work Examiners when the colleague has not addressed the problem or when a client's welfare appears to be in danger.

I certify that I have read and understand Section 9.3.5 of the [Rules and Regulations](#) and understand my *duty to report*.  
Yes ☐ No ☐

**To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded.**

### **AFFIDAVIT**

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that the Delaware Board of Social Work Examiners has the right to deny or revoke licensure, if my application contains fraudulent information.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared, \_\_\_\_\_, applicant, of lawful age, to me known to be the identical person who signed this document of application and being by me first duly sworn, on oath state that all the foregoing statements are true and correct to the best of his or her knowledge and belief.

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.***



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**VERIFICATION OF LICENSURE**

**Section I – To be completed by applicant. Send form to jurisdictions where you are currently, or have ever been, licensed. You may copy this form.**

Name: \_\_\_\_\_

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release information regarding my licensure,  
Name of state licensing Board/Authority

Certification or registration to the Delaware Board of Social Work Examiners.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section II - To be completed by State Licensure Board/Authority. Mail completed form *directly* to the Delaware Board at address above.**

Date of Original Registration/Licensure: \_\_\_\_\_

Registration/License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Examination: ASWB Clinical ☐ Masters ☐ Bachelors ☐ Other ☐ Specify: \_\_\_\_\_

Pass/Fail Status as Determined by ASWB: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Has the licensee ever been subject to any disciplinary action, or had his/her license suspended or revoked?

Yes ☐ No ☐ **If yes, enclose a certified copy of the board's final order.**

Are there current or pending disciplinary proceedings or unresolved complaints against the applicant? Yes ☐ No ☐

**I certify the statements contained herein are true and correct.**

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Licensure Authority: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**AFFIX BOARD SEAL**

**Signature of Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed form directly to the Board office at the address above.**



# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 S. Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DelDOT & Troop 4)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at [www.fbi.gov](http://www.fbi.gov) – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.**  
**DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**  
**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**





EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit  
Concord Plaza, Hagley Building  
3411 Silverside Road  
Wilmington, DE 19810  
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed.**
- **Do not use a cover sheet.**
- **Do not send duplicate requests.**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed.**

### PART I. APPLICANT INFORMATION – Type or print clearly.

Name: \_\_\_\_\_  
Last First Middle

Other Name(s) Used: \_\_\_\_\_ DE Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: Male ☐ Female: ☐ Race: \_\_\_\_\_  
mm / dd / yyyy

Address: \_\_\_\_\_  
Street City State Zip

Have you ever been involved in a substantiated case of child abuse or neglect? Yes ☐ No ☐ If Yes, explain: \_\_\_\_\_

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature if applicant is under the age of 18: \_\_\_\_\_

### PART II. AGENCY/ORGANIZATION INFORMATION

**Please check only one:**

☐ EDUCATION ☐ HEALTH CARE FACILITY ☐ CHILD CARE ☒ OTHER: State Agency

Agency Identification Number (if applicable): 1179 Contact ID: 21988

Requesting Agency Name: **Division of Professional Regulation**

Address: Cannon Building, 861 Silver Lake Boulevard, Suite 203, Dover, DE 19904

Phone: (302) 744-4500 Fax: (302) 739-2711 Contact Person: Alison Warren

#### DSCYF USE ONLY

The individual listed above ( \_\_\_\_ is listed) ( \_\_\_\_ is NOT listed) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_